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It's never  
too soon.

A Blueprint for Preventing  
Child Abuse by Strengthening  
Massachusetts Families

The Commonwealth of Massachusetts  
Special Legislative Commission on Violence Against Children  
and  
The Executive Office of Human Services



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IT'S NEVER TOO SOON:  
A BLUEPRINT FOR PREVENTING CHILD ABUSE  
BY STRENGTHENING MASSACHUSETTS FAMILIES

MARCH, 1988

The Special Commission on Violence  
Against Children

Senator Frederick Berry  
Chairperson

Representative Susan Tucker  
Chairperson

The Executive Office of  
Human Services

Philip W. Johnston  
Secretary



## ACKNOWLEDGEMENTS

The preparation of this Blueprint has been a shared enterprise. Many people's time and efforts, thinking and committed teamwork were in addition to their full-time work responsibilities. The energy for their participation was borne of the conviction that the prevention of child abuse can and will be accomplished.

There would have been no Blueprint at all if it were not for the leadership of Senator Frederick Berry and Representative Susan Tucker of the Special Commission on Violence Against Children, and from The Executive Office of Human Services, Secretary Philip Johnston, and Nancy K. Kaufman, Assistant Secretary for Social and Mental Health Policy. Their necessary support and belief in this endeavor provided critical fuel and sanction.

The work of the Child Abuse Prevention Steering Committee is reflected on every page. Their participation in, and planning of the six sector retreats created the rich discussion. Special thanks are given to the generous contributions of the Sector Chairpersons, who convened each retreat and wrote initial sector reports. The contribution of the 300 participants at the sector retreats was invaluable. Without them there would be no report.

The significant financial contribution of the Marie and Max Kargman Fund, through the Massachusetts Committee for Children and Youth (MCCY), provided a vote of confidence from the start and financed the writing talent of the MCCY staff.

Finally, the core staff was indispensable in keeping this process alive and productive through its entire development. The high quality team work was an inspiration all along the way, and a testimony to committed professionals. We wish to especially acknowledge their contributions:

- Jetta Bernier and Marcia Meyers of the Massachusetts Committee for Children and Youth
- Marilyn Carey and Jean Wilson of the Department of Social Services
- Doreen Cavanaugh of the Office for Children
- Eleanor Jaffe of the Special Commission on Violence Against Children
- Curtis Richardson of the Judge Baker Children's Center

We would also like to acknowledge the secretarial help of Linda Burns of the Executive Office of Human Services.

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                            Violence Against Children



## FOREWORD

This report is a synthesis of the experience and expertise of over 300 Massachusetts leaders and professionals representing six different sectors of society who addressed the question: "How can we prevent child maltreatment in Massachusetts?" What began as a focus on prevention of maltreatment of children evolved into a recognition that since children do not live in isolation any viable "prevention plan" must embrace the issue of strengthening families and the communities in which they live.

This Blueprint is a comprehensive outline of what should be done to reduce and prevent child maltreatment. It provides a basis for review and planning of state and local policies, legislation and resource allocation. Its primary goal is to be the catalyst for effective, coordinated prevention planning by providing a realistic comprehensive framework for action.

The Blueprint is presented in three sections:

Section One: Underlying Principles for Prevention Planning and a Model for a Comprehensive Approach

Section Two: A Blueprint for Prevention Policies and Program Initiatives

Section Three: General Sector Recommendations

- I. Changing Attitudes and Beliefs
- II. Meeting Basic Family Needs
- III. Changing Institutional Responses to Families
- IV. Supporting Parents in their Caretaking Roles
- V. Teaching and Supporting Children

Together, the principles, the operating framework and the range of initiatives described constitute a comprehensive prevention effort.



## EXECUTIVE SUMMARY

Children are the hope and future of society. To the extent that their lives are compromised, injured, or damaged, they, their children, and society will suffer.

The scope and prevalence of child maltreatment remains staggering. Each year, the official number of child abuse and neglect cases nationally is nearly two million.<sup>1</sup> Figures of the actual number of abused and neglected children are incalculable. Some suggest that as many as 4 or 5 million children are neglected or physically or sexually abused each year.<sup>2</sup> Studies of all 50 states document that not only are reports on the rise, but so too are the actual incidents of abuse.<sup>3</sup>

In Massachusetts, over 50,000 children were reported to the Department of Social Services for allegations of abuse, neglect and sexual abuse in calendar year 1987. More than 17,000 of these children were substantiated as having been abused.<sup>4</sup> Report totals are important not only because of the damage to child victims but because they also represent work load factors which agencies must address. This is only accentuated by the fact that the serious cases which are substantiated involve intensive legal activities and complex, time-consuming case management issues. Each month, an average of 144 new cases of the most serious forms of abuse are referred to the District Attorneys under Chapter 288.<sup>5</sup>

The price paid for this tragedy is enormous; the human cost, the social cost, the fiscal cost.

As a matter of public concern, child sexual abuse has surfaced as one of the major social policy issues of the mid-1980's. Child abuse and neglect is already considered an epidemic. Fiscal logic and human compassion require action. Our heightened awareness and knowledge has forced the profound question: Can child abuse be prevented? Can society afford not to?

Initial costs alone for child protective services for each case opened are estimated to average \$10,000.<sup>6</sup> Significantly higher are the long term costs for psychological or medical care for child sexual abuse or severe neglect and abuse victims. Conservative estimates of only 650,000 cases actually serviced nationwide are that the annual costs amount to \$10 billion.<sup>7</sup> Neither the expenses of law enforcement, hospital or court involvements are included, nor the cost of future problems.

The long range costs of the failure to prevent abuse in the first place are incalculable. Histories of abuse are strongly correlated with futures of truancy, delinquency, adolescent pregnancy, suicide, mental health problems, learning problems, employment problems, and substance abuse problems. Maltreated children now comprise the largest and fastest growing portion of most juvenile and family court caseloads.<sup>8</sup> Child maltreatment is emerging as the common denominator in one of society's most intractable problems.

For years, nearly all of the resources have been directed at the aftermath of victimization. The primary methods of response and service delivery have been directed toward what to do for that person who is already in trouble. If society is truly concerned, it must continue to address the needs of those in trouble. It is equally true that children are not well served if Massachusetts cannot expand the resources to work on preventing the injuries from occurring in the first place.

Prevention of child abuse is now emerging with ever growing vigor. To date, 44 states have passed legislation creating Children's Trust Funds to finance programs aimed at child abuse prevention. At the Federal level, both the leading government agency concerned with child welfare, The Department of Health and Human Services, and the leading private national organization specializing in child abuse prevention, the National Committee for the Prevention of Child Abuse, have independently prioritized prevention of child abuse in their long range plans. They have issued their statements: "We can prevent child abuse and we can prove it".<sup>9</sup> Now, Massachusetts is meeting the challenge as well.

Two questions immediately arose when Massachusetts leaders began to approach the issue of prevention: 1) Who bears primary responsibility for the leadership, planning and implementation of initiatives aimed at strengthening families and preventing child abuse? 2) How can families be strengthened and supported to reduce the incidence of child maltreatment?

This report, It's Never Too Soon: A Blueprint For Preventing Child Abuse by Strengthening Massachusetts Families presents a plan to address these questions. It casts a comprehensive approach to a complex problem. As a set of strategies across six different sectors of our society (Community, Education, Health Care, Legal, Social Services, Workplace) it involves both generalized primary prevention initiatives and initiatives targeted at high risk groups. It is designed to be an evolving tool with both guiding principles and goals as well as recommendations for the first steps and suggested future actions.

The Blueprint is organized around a conceptual model of child maltreatment which includes cultural factors, social factors, family factors, and child factors.

Understanding that child abuse is a multi-faceted problem requires an equally multi-faceted approach to its prevention. No single policy or program will be sufficient to prevent abuse, neglect or sexual abuse of children. Instead, a combination of strategies is needed to reduce sources of stress on families and to strengthen the coping resources of communities, families and children.

Thus, five priority areas are outlined as the areas for action:

- 1) Changing Attitudes and Beliefs
- 2) Meeting Basic Family Needs
- 3) Changing Institutional Responses to Families
- 4) Supporting Parents in their Caretaking Roles
- 5) Teaching and Supporting Children

In each area, long-range goals are discussed. They will presumably serve as beacon lights on the challenging course over the years to come. Then in Section Three, the recommendations outline the first steps as well as some suggested future actions in each sector of society.

Three key recommendations form the underpinnings to the Blueprint and lay the foundation for others.

Recommendation 1:

That the Legislature establish a Statewide Prevention Board with sufficient authority, resources and legislative sanction to oversee the implementation of this Plan. This Statewide Prevention Board should be created by the Children's Trust Fund Act.

Recommendation 2:

That the Legislature enact the Children's Trust Fund Act which will:

- promote a public/private partnership to address prevention of child maltreatment;

- provide a vehicle to implement and expand the initiatives identified in the Blueprint;
- provide a continuous funding mechanism via a trust fund for prevention of child maltreatment; and,
- create a means to receive revenue from private gifts, grants, donations; from interest earned from federal matching funds; from state appropriations; and other monies.

Recommendation 3:

That a major media campaign be initiated. This campaign would focus on the needs of children and families and promote public awareness of and a commitment to the prevention of child maltreatment.

The goals of this Blueprint represent a long-range vision of what can and should be done for families in the Commonwealth. They suggest action by the public and private sectors, changes in basic social institutions, and involvement of professionals and citizens in every community. This vision will be accomplished through the joint efforts of every sector and every individual who cares about the well-being of children and families in Massachusetts.

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## INTRODUCTION

### Scope of the Problem and Its Causes

Every year nearly 2 million children in the United States are seriously abused by their parents or caretakers, and between 2,000 and 5,000 children die from abuse. In 1985 alone, an estimated 1.8 million children were reported to child protective service agencies as having been abused or neglected.<sup>1</sup> Experts agree that statistics vastly underestimate the actual incidence.

Across the nation, the reports of child abuse are rising, particularly child sexual abuse and child neglect. The U.S. House of Representatives Select Committee on Children, Youth and Families reported in March, 1987 that cases are more serious and complex and that abused children are coming from more seriously troubled families than ever before. While increased public awareness has led to increased reporting, the Select Committee concluded that the severe economic hardships on American families continue to be a primary contributor to increased incidence rates.<sup>2</sup>

In-fact, many American families are under siege in the 1980's and children are innocent victims. It is well documented that demographic and economic changes, and shifts in the internal structure and functions of the family have all contributed to growing stress for many American families. The family has always assumed the greatest responsibility for the welfare of its children, however, it is now an institution which is requiring new supports to assist it in its childrearing role.<sup>3</sup>

In Massachusetts alone, over 50,000 children were reported to the Department of Social Services for allegations of abuse, neglect and sexual abuse in calendar year 1987. More than 17,000 of these children were substantiated as having been abused.<sup>4</sup>

Each month, the Department of Social Services substantiates an average of 144 cases of severe abuse which meet the criteria for referral to a District Attorney under Chapter 288. Approximately one third of these cases involve children under 6 years of age and 97% are cases of child sexual abuse.<sup>5</sup> Unfortunately, these represent only the most severe cases and only those that actually come to the attention of authorities. These figures reflect the serious and sobering problem of violence against children in the state.

The most striking implication of these statistics of young child victims is the overwhelmingly strong correlation between histories of violence and later long-term problems. These children too often become truants, teen parents, runaways, delinquents, alcoholics, drug addicts, prisoners, or mental health patients. The human costs of abuse and neglect increase as their problems proliferate and the numbers of cases accumulate each year.

In addition, Massachusetts spends millions of dollars each year identifying abused children and providing them with medical and protective services with the hope that the cycle of abuse will cease. The costs are also significant for foster care, community based and residential programs. Clearly the human costs, social consequences and fiscal burdens associated with child abuse can no longer be justified or tolerated. Preventing child abuse before the fact is the only rational and humane alternative. Society simply cannot afford not to prevent the further maltreatment of its children.

Child abuse has no single cause, nor any one theory which adequately explains the phenomenon. Rather, there are many reasons, including economic pressures, sociological and psychological factors, environmental and cultural influences which are involved. Often, combinations of factors operating within society, communities, families, and individuals interact to cause unmanageable stress in families and heightened vulnerability among children.

Given the complex nature of child abuse, therefore, no single approach to preventing it will be adequate. The situation calls for a range of strategies targeted at cultural attitudes, community resources and family needs, and which aim to control destructive patterns as well as to enhance positive ones.

## Child Abuse Prevention Efforts in Massachusetts

### The 1970's

Development of a prevention policy for Massachusetts has been an evolutionary process. In 1971, the Governor of the Commonwealth convened a Committee on Child Abuse to address "the rising tide of inflicted injury and neglect of children." The Committee concluded that preventing the maltreatment of children would require immediate changes in the method of delivering human services and a focus on strengthening family life.<sup>6</sup>

Throughout the 70's, the numbers of identified cases increased dramatically. The distinct phenomenon of child sexual abuse rose to the forefront of society's attention. The complexities of physical abuse and neglect, sexual molestation and emotional maltreatment challenged case practice, theoretical frameworks of understanding, service delivery models and the previous insularity among human service and criminal justice professionals. Public awareness was heightened. Mandated reporters increasingly assumed more responsibility for reporting children at risk. Concurrently, changes in demographics, social and economic conditions and the structures and styles of family life have influenced the field and left open the debate about "the rising tide" of inflicted injury, exploitation and neglect of children.

### The 1980's

Over a decade of experience culminated in significant changes in systems for reporting and identifying child abuse. By the early 1980's, the Commonwealth had charged a single agency, the Department of Social Services, with strengthening families in need of services. An amendment to the reporting statute created a formal mechanism for communication and cooperation between social services and the criminal justice system. Collaboration among the many concerned professional disciplines was increasing.

In 1983, Governor Dukakis convened a Child Abuse Task Force which recommended improvements in handling child abuse cases and which began to focus on the need to prevent child abuse. In 1985, Philip W. Johnston, Secretary of the Executive Office of Human Services established an ongoing Child Abuse Working Group to advise the state on future directions. The Group concluded that it must devote its full attention to the prevention of child abuse. To launch support for this approach, it decided to convene in April, 1986 the first statewide conference focused exclusively on child abuse prevention. The legislative Special Commission on Violence Against Children which had also been focusing on prevention through its efforts to pass the Children's Trust Fund, lent its support and co-sponsored the event.

Over 550 people, including Governor Dukakis, national leaders, concerned parents from across the state, legislators, judges, public and private human service and health professionals were present and set the stage for a new commitment to prevention planning.

Ideas generated at the conference were further developed at a follow-up session held in June, 1986. Legislators and conference speakers were convened to synthesize conference information and articulate next steps. It was determined that as a basis for future policy and program development, Massachusetts needed a blueprint to strengthen families and prevent child abuse.

In January, 1987 the Executive Office of Human Services and the Special Legislative Commission on Violence Against Children voted to merge their two pre-existing prevention work groups, and to convene a steering group charged with the specific task of developing a prevention blueprint. This group, the Child Abuse Prevention Steering Committee, jointly chaired by the Executive and Legislative branches of the state government, was comprised of 21 representatives from institutions in the public and private sectors. Its governing principle was that the development of a prevention blueprint required the participation of and long-term commitment from a wide representation of people and institutions. (See Appendix for a list of members).

In the Spring of 1987, over 300 key leaders and representatives from six sectors of society (Community, Education, Health Care, Legal, Social Services, Workplace) were convened at six individually designed day long retreats. These retreats functioned as "think-tanks" and generated the ideas, principles, and recommendations which are the basis for this Blueprint.

## **SECTION ONE**

### **THE PRINCIPLES OF PREVENTION PLANNING**



Recommendations of the six sectors reflected several common ideas for uniting and shaping the underlying principles of the plan. Representing the most salient points emphasized throughout the process, the following principles serve as the foundation for the Blueprint:

1. Children are society's greatest resource. In their own right and as future leaders and producers, they deserve and need the opportunities that will maximize their individual potential and healthy development.
2. Children whose essential needs are not met are often hampered in becoming fully functioning, productive adults. They may become the primary pool of citizens whose dependency on intervention and treatment services poses tremendous costs to society.
3. The family is the primary institution shaping the development of children. Children do not live in isolation. Their lives and healthy development are dependent upon and affected by the quality of their family life.
4. The quality of family life, in turn, is inextricably dependent upon and affected by the quality of community resources, services and social supports.
5. The prevention of maltreatment to children and the promotion of their healthy development requires support for families within their own communities.
6. Child maltreatment stems in part from breakdowns in parenting and family functioning and in part from the weak social infrastructures of community support for families. Problems exist in both families and communities and thus solutions must focus on strengthening both as settings for healthy child development.
7. Programs and initiatives oriented to strengthening families must be non-stigmatizing, locally responsive, and integrated into a graduated continuum of programs. The continuum of programs must range from primary prevention initiatives aimed at all families and children to secondary prevention services targeted at high-risk families. Whether initiated on a statewide or local level, programs must be carefully grounded in local community needs, resources and circumstances.
8. Prevention programs and initiatives must acknowledge and support the rich diversity of ethnic, cultural and linguistic family heritage found in Massachusetts. Minorities must play an active role in the development and implementation of community-based prevention programs.

9. The Blueprint must represent a partnership among government, the public and private sectors, the community and families themselves. Partnership initiatives should be both statewide and locally implemented.
10. Within the framework of these partnerships, each sector of society (Community, Education, Health Care, Legal, Social Services, and Workplace) has a valuable and unique role and responsibility. The contributions of each and the concerted efforts of all must be integrated into a unified vision.
11. Policy, then must allow a political marriage between two commonly polarized views:

"What should government and communities do for the family?" and "What should families do for themselves?"

The Blueprint for Prevention must aim to integrate these two positions into a policy question of:

"What can government and communities do to enhance a family's capacities to help itself?"<sup>7</sup>

## THE OPERATING FRAMEWORK

The best understanding of child abuse and neglect suggests that a combination of cultural, social, family and child factors interact to cause unmanageable stress in families, and heightened vulnerability among children.

- **CULTURAL FACTORS** Family violence is embedded in attitudes, values and norms which ignore the needs of families and children, and condone interpersonal violence. Abuse and family violence are sustained in part by popularly held beliefs about the stigma associated with seeking help from social service delivery systems. These beliefs can serve to isolate families and children from receiving essential supports.
- **SOCIAL FACTORS** Abuse and neglect are associated with high levels of social stress on families, and with isolation from supportive resources which could help families cope with that stress. Economic and community problems, including poverty and unemployment, and the lack of easily accessible supports in the community, such as social networks, child care and health care, can cause stress and isolation to become even more serious risk factors for families.
- **FAMILY FACTORS** Some families have characteristics which increase their levels of stress, or their vulnerability to it. As a result, they may be at increased risk for breakdowns in parent-child interactions and child maltreatment. Adults who are inadequately prepared for parenthood often lack skills and knowledge to cope successfully with routine child and family demands. Parents who are extremely isolated, who have a history of abuse in their own childhoods, or who have fragile self-esteem and difficulty meeting their own emotional needs, may be at particular risk for parenting difficulties. Parents with substance abuse problems and families in which family violence is already evidenced are also at particular risk for child abuse or neglect.
- **CHILD FACTORS** Characteristics of children, such as handicapping conditions, atypical behaviors or just being an "unwanted" child, can increase the risk that they will be targets of abuse. Children with fragile or low self-esteem often have particular difficulty protecting themselves from harm. Lack of skills and knowledge in protecting themselves from potentially dangerous situations can leave any child vulnerable to maltreatment by caretakers or strangers.

No single factor can be isolated as the ultimate cause of maltreatment. Rather it is the interaction of these social and family factors which can overwhelm coping mechanisms and place families and children at risk for abuse or neglect.



## MODEL FOR A COMPREHENSIVE APPROACH TO PREVENTION

The conceptualization of child abuse as a multi-faceted problem suggests the need for an equally multi-faceted approach to prevention. No single policy or program will be sufficient to prevent physical abuse and neglect, emotional maltreatment and sexual abuse of children. Instead, a combination of strategies is needed to reduce sources of stress on families, and to strengthen the coping resources of communities, families and children.

A MULTI-FACETED STRATEGY FOR STRENGTHENING FAMILIES AND PREVENTING CHILD ABUSE MUST BE DEVELOPED IN MASSACHUSETTS WHICH ADDRESSES POLICY AND SERVICES IN FIVE AREAS:

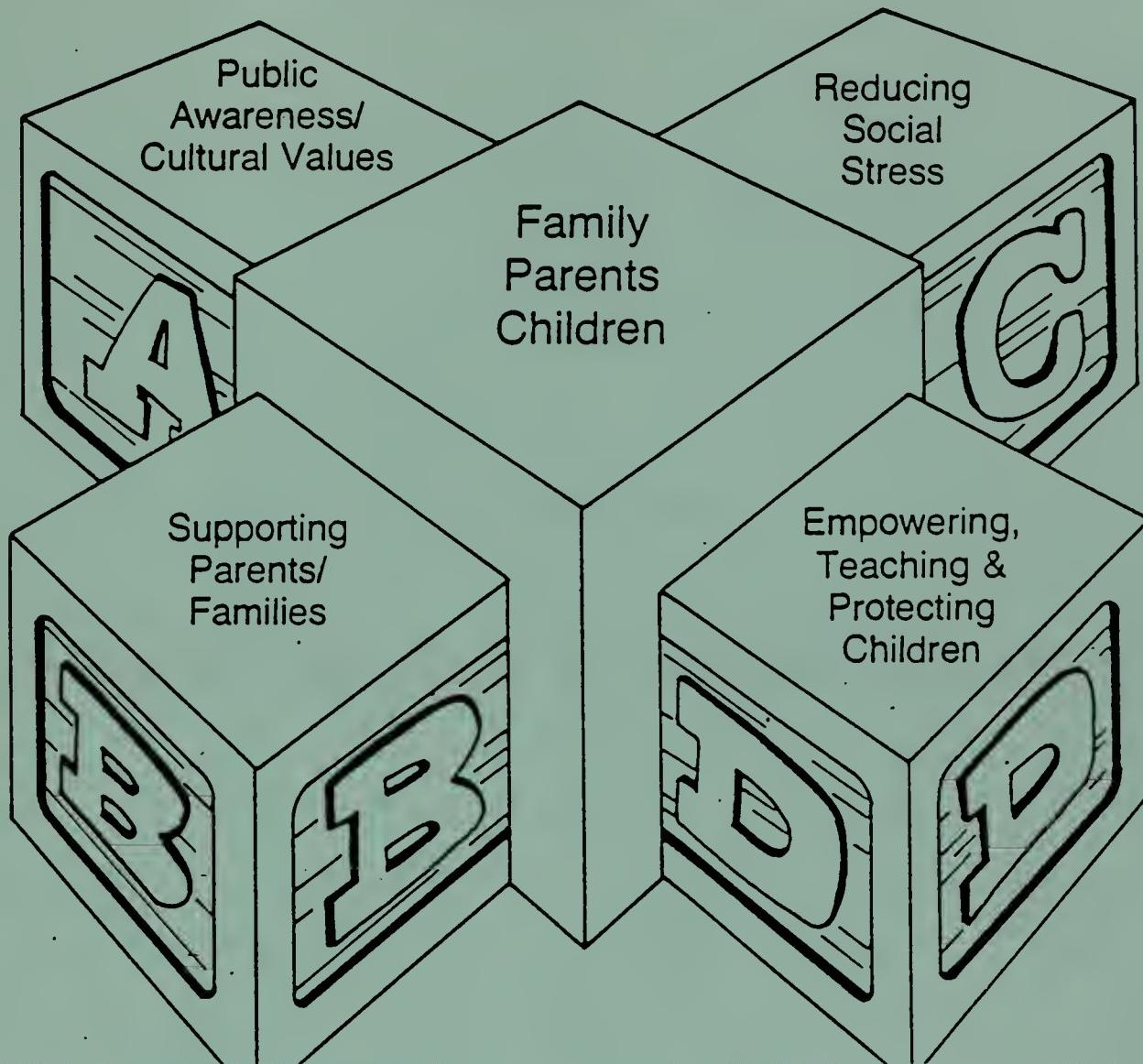
- Initiatives to promote public awareness and attitudes which are incompatible with child abuse, supportive of the needs of families and children and respectful of their ethnic, cultural and linguistic diversity;
- Initiatives to meet basic family needs for economic self-sufficiency; affordable, permanent housing; adequate health care; and affordable, quality child care;
- Initiatives to strengthen communities, increase social support resources and reduce external stress on families;
- Initiatives to support and educate parents, and strengthen and expand services to families;
- Initiatives to increase children's knowledge, skills and resources for protecting themselves from abuse.

These initiatives are suggested as part of an integrated, comprehensive prevention strategy. It is not adequate to raise public awareness about abuse without expanding community resources to address family and child problems which can lead to abuse and neglect; it is not realistic to address family concerns without giving attention to community problems which affect family functioning; it is not appropriate to focus prevention efforts on children in isolation from parents.

Prevention initiatives must be premised on an understanding of children as part of families, and families as part of communities. They must address, in a coordinated approach, the multiple cultural, social, family and child factors which contribute to unmanageable family stress and which may result in child abuse and neglect.



## A Comprehensive Approach to Strengthening Families and Preventing Child Abuse



### **A. Public Awareness/Cultural Values**

Initiatives to promote public awareness and cultural values which discourage child abuse and support the needs and diversity of families and children.

### **C. Reducing Social Stress**

Initiatives to strengthen communities, increase social support, and reduce external stress on families by assuring economic self-sufficiency, affordable housing, basic health care and child care.

### **B. Supporting Parents/ Families**

Initiatives to educate and support parents, and to strengthen and expand services to families.

### **D. Empowering, Teaching & Protecting Children**

Initiatives to increase children's knowledge, skills and self-esteem for fullest development of their potential.



## SECTION TWO

### A BLUEPRINT FOR POLICY AND PROGRAM INITIATIVES



The following section recommends long range goals for a comprehensive effort to strengthen families and prevent child abuse in Massachusetts. These goals reflect the five priorities for action suggested in Section One of this report:

- I. Changing Attitudes and Beliefs
- II. Meeting Basic Family Needs
- III. Changing Institutional Responses to Families
- IV. Supporting Parents in their Caretaking Roles
- V. Teaching and Supporting Children

These goals represent a long-range vision of what can and should be done for families in the Commonwealth. They suggest action by the public and private sectors, changes in basic social institutions, and involvement of professionals and citizens in every community. This vision will be accomplished through the joint efforts of every sector and every individual who cares about the well-being of children and families in Massachusetts.



## I. CHANGING ATTITUDES AND BELIEFS

Society's basic perceptions of children, families, and family violence are both reflected and reinforced through powerful social forces. Governments, mass media, workplaces, social services, community groups and institutions play a role in shaping values, attitudes and norms about families and children. They help create a cultural context for families which is either detrimental or supportive; which ignores families, or recognizes and supports their needs; a context which is insensitive to family and cultural differences, or recognizes and values diversity; one which blames and stigmatizes families in trouble, or reaches out to help them before they fail; one which legitimizes aggression, or clearly condemns all forms of interpersonal violence.

All of these institutions contribute to the cultural and social context in which families function and in which family violence occurs. They can also serve as powerful vehicles for changing this context; for promoting attitudes, policies and awareness which support parents in their caretaking roles and encourage families to reach out for help in order to protect children from maltreatment. The basic institutions which both reflect and reinforce values about families, children and violence must be addressed.

The well-being of Massachusetts families must be integrated into the very fabric of government. Political leaders must include family concerns in their public agendas; economic, social and fiscal policies must be examined for their potential impact on families.

The media must play a leading role in reinforcing the beliefs that families are important, violence against children will not be tolerated, and that every Massachusetts resident can take steps to help prevent the abuse of children. Media messages to parents and children must begin giving positive attention to the concerns and needs of families.

Workplace practices must be responsive to and supportive of families. Increased awareness among both employers and employees about the critical connections between work and family life, the impact of workplace policies on families, and the impact of family well-being on workplace productivity is fundamental to the promotion of these practices.

Professionals in the Community, Education, Health Care, Legal, Social Services and Workplace sectors who routinely interact with children and parents play a critical role in

identifying and reaching out to families who are in need of help. Professionals need to receive adequate training in issues of family development, family violence, and cultural diversity in order to support families in their important child rearing role.

**GOAL ONE: TO PROMOTE CULTURAL BELIEFS WHICH ARE SUPPORTIVE OF FAMILIES AND INTOLERANT OF INTERPERSONAL VIOLENCE**

1. Increase the Visibility and Priority of Family Concerns in the Development of Public Policies, Public Relations Activities, and Political Processes in Massachusetts
  - o Concern for the needs of children and their families should be reflected in political campaigns, policy formulations, funding decisions and promotional activities conducted by state and local governments. New policies promulgated by state agencies should be reviewed for their potential impact on parents and children, and their potential for strengthening and supporting families.
  - o A collaboration of leaders from the public sector, including the Governor; from the private sector, including the Chief Executive Officers of major corporations; from the media and from the helping professions should spearhead a campaign to raise the visibility and status of child and family concerns in Massachusetts.
  - o A report on the state of the family in Massachusetts should be produced annually, which addresses demographic and economic changes and their impact on families; indicators of family and child well-being and emerging needs; resources for families; and gaps in necessary resources and services.
  - o A state-level mechanism for the expansion and coordination of child and family strengthening programs and prevention policies should be established.
2. Increase Public Awareness and Understanding About the Problem of Child Abuse, and the Need for and Availability of Prevention Services
  - o Radio, television, and print media should be employed in a public awareness campaign aimed at preventing child abuse. Goals of public awareness activities should include strengthening families, ending interpersonal violence, valuing family and community diversity, and supporting parents in their dual roles as wage-earners and parents.

- o Media activities should be coordinated with, and used to promote, the expansion of services for parents and children which are supportive and educational. Media messages should consistently reinforce the themes that family stress is normal, it is acceptable to reach out for help, and resources for help are available.
- o Public awareness activities should be developed as a collaborative effort involving media and marketing professionals, and state and local-level community leaders, to assure culturally sensitive and effective messages.

3. Promote Workplace Attitudes Which Support Parents in Balancing Work and Family Responsibilities

- o Undergraduate and graduate schools of business management should establish standards and practices which stress equal respect for both the human and economic dimensions of management. Schools should expose students to value systems which encourage respect for the dual role of worker as wage-earner/parent.
- o A combination of educational and organizing activities should be used to build support for family-oriented workplace practices among business, labor and community groups. Business and labor publications, organizations and associations should be utilized in an educational and promotional campaign to:
  - educate employers about the changing needs of parents in the workforce and the impact of those needs on workplace productivity;
  - inform and educate employed parents about options for workplace policies which are supportive of family well-being;
  - help organize employees in the articulation of the importance of family strengthening benefits to the workforce.

4. Increase Professional and In-Service Training on Family Life and Abuse Prevention for All Professionals Who Work with Children and Families

- o Professional training in schools of divinity, law, medicine, nursing, education, psychology, business and social work should include curricula in child and family development, family violence, and prevention strategies.

- o In-service training should address issues of specific professional concern, such as:
  - . training for classroom teachers in non-violent conflict resolution and discipline techniques;
  - . training for judges in child and family development, in the dynamics of child sexual, physical, and emotional abuse, child neglect, and relevant substantive law;
  - . training for health and mental health professionals about issues of family development, the early signs of family dysfunction and child abuse;
  - . training for management students in workplace practices which help employed parents balance work and family responsibilities.

## II. MEETING BASIC FAMILY NEEDS

The well-being of Massachusetts families, and their capacity to protect and nurture children, is intimately connected to the well-being of the larger communities in which they live. The social environment in which families function including neighborhoods, schools, and workplaces, may represent either a source of potential stress or a resource for coping with stress.

The family as an institution has been buffeted by enormous social, economic and demographic changes in recent years. Like families nationwide, Massachusetts families are facing new challenges and demands on their social, economic and personal resources. Their needs for support and assistance have often outstripped available resources. In the same way that family well-being is embedded in a larger social context, efforts to strengthen families and prevent abuse and neglect must be embedded in strategies to build community systems which help reduce social stress on families. These strategies must ensure that the basic needs of families are met.

All Massachusetts families share common needs for economic self-sufficiency; safe, affordable, permanent housing; adequate health care; and affordable, quality child care. These represent the "cornerstones" of family well-being. Assuring basic family supports alone is not sufficient to prevent family problems such as child abuse but without these supports, other services targeted at child abuse prevention may be inadequate.

Addressing the common needs of families for supportive resources is a challenging task. Many organizations and networks have articulated the problems facing Massachusetts families and have proposed policy, systemic and institutional changes to address those problems. A full discussion of the problems and the likely solutions is beyond the scope of this report. However, resolving the basic issues of family support must remain central to child abuse prevention efforts. Prevention activities should be closely coordinated with the on-going efforts of other organizations and networks which have made a commitment to address basic family needs.

GOAL TWO: TO PROMOTE POLICIES WHICH WILL ASSURE THAT THE BASIC NEEDS OF ALL MASSACHUSETTS FAMILIES ARE ADEQUATELY MET

1. Assure that Massachusetts Families Achieve Economic Self-Sufficiency

Economic self-sufficiency is fundamental to family well-being. Child abuse is not confined to low income families or communities, but socioeconomic problems of poverty, inadequate housing and unemployment are strongly correlated with higher incidences of child maltreatment. Ideally, economic self-sufficiency can be achieved through an adequate supply of jobs which pay wages sufficient to support a family. Massachusetts is a high employment state at present; it is also a high cost of living state. Vigorous efforts are still needed to expand the availability of jobs which pay adequate wages in light of the cost of living, and to support those who cannot work or who work for wages which are inadequate to meet their basic family needs.

- Massachusetts should continue to aggressively develop the pool of meaningful, productive and well-paid jobs. Massachusetts educational systems should provide relevant and quality education to help today's children prepare for successful work in the future.
- The minimum wage should be raised to assure that full-time work provides an income which is sufficient to support a family.
- Private employers should develop and adopt severance procedures which provide adequate financial and social support to employees at the time of job layoffs. The state should develop an effective job transition program, with supportive services for heads-of-households who are laid off and are not eligible for coverage under the employment security system.
- Efforts to improve child support systems should be continued to assure adequate child support awards to custodial parents, payment of assigned support, and a minimum level of assistance to all custodial parents.
- The Massachusetts Employment and Training (E.T.) program has helped many families improve their standard of living. E.T. should be available to everyone who wishes to participate in the program.

- Even with excellent employment and training programs in place, there will be families who will require AFDC assistance. AFDC benefits should be set at levels which allow families to live in their own homes with dignity and security, and to meet common needs for food, shelter and clothing.

2. Assure that Safe, Affordable and Permanent Housing is Available to All Massachusetts Families

The shortage of all housing has resulted in a critical need for low and moderate income housing. Waiting lists for public housing units are years long. Rents in even the most substandard housing are often unaffordable for low income residents. The supply of subsidized family housing has increased substantially while the supply of affordable units in unsubsidized housing has declined dramatically. Land prices, capital costs and construction costs offer no incentive for the production of affordable rental housing, and with the construction boom there is little motivation for private developers or contractors to expend resources in the creation of affordable housing.

- The rent supplement program should be expanded so that rent subsidies can be available to families prior to their eviction.
- The supply of new and existing housing units should be increased by expanding public and private partnerships to provide financial incentives, such as low interest loans for new construction and deleading programs for rehabilitation units.
- Information should be disseminated to municipal offices, Chambers of Commerce, developers, and contractors on the availability of public resources to match private efforts in the expansion of housing units.

3. Assure that a Combination of Public and Private Insurance Plans Guarantees Universal Access to Prenatal, Perinatal and Childhood Health Care and Preventive Care for Massachusetts Families

- Employment-based health insurance should be maintained as a fundamental workplace benefit and be extended to all Massachusetts workers.

- Adequate Medicaid coverage for child and family health care should be protected, and public resources should be committed to filling the remaining gap between private insurance and Medicaid.
  - Public and private insurance should begin providing reimbursement for preventive care, such as preventive mental health services, home health visitors for new parents, and parent support and education programs.
4. Assure that Quality Child Care Resources are Available and Affordable for All Massachusetts Parents

Child care is a necessity for the growing number of parents who are employed outside the home, and an important supportive resource for parents at home without other sources of social support. Some estimates suggest as few as one-third of Massachusetts families find the type of quality care they seek at a cost they can afford. Significant efforts are already underway in Massachusetts, in both the public and private sectors, to expand the availability of quality child care.

- Child care arrangements should be flexible and permit parent choice. Options should include center-based day care, family day care, family systems care, nursery schools, worksite and public school-based care, with options for full-day, part-day, evening and weekend care.
- Child care resources should be available to address the diverse needs of families, including programming for children with special needs and programming for families who may need supportive services such as transportation.
- Child care resources should address the early childhood education needs of children under age 5 and parenting education skills for adult caretakers.
- Both public and private resources should be committed to making child care affordable for families while providing adequate wages for child care workers. Particular attention should be given to the needs of families who do not qualify for public supported child care yet who cannot afford private care.

### III. CHANGING INSTITUTIONAL RESPONSES TO FAMILIES

Family needs have changed rapidly in recent years, and many of the most important institutions which make up the social environment for families have not kept pace. Social institutions which touch families' lives, such as schools, workplaces, judicial systems and the helping professions, have a tremendous impact on how well families can manage routine childrearing demands and access supportive assistance at times of exceptional stress. Reports that Massachusetts parents feel overwhelmed by the challenges of balancing work and family responsibilities, coupled with the growing evidence that school, judicial and social service systems are overwhelmed in their efforts to address child and family concerns, are troubling indicators that many of our most basic social institutions are unable to respond adequately to family needs.

Public and private institutions which have an impact on family life must become more responsive to the real needs of Massachusetts families as they exist today. Promoting these institutional changes in order to increase flexible, supportive resources and options for families must be a central part of efforts to strengthen families and prevent child maltreatment.

#### **GOAL THREE: TO PROMOTE POLICY AND INSTITUTIONAL CHANGES WHICH ARE RESPONSIVE TO THE CHANGING NEEDS OF FAMILIES**

1. Strengthen Families and Communities by Designing, Funding, and Delivering Services for Families and Children Which Are Responsive and Enabling
  - o Stigmatizing labels for services and for clients in social services, health services, education and judicial systems should be replaced by positive concepts of family needs. Supportive services should be promoted as good for the health and well-being of all families, and especially valuable for families facing additional sources of stress.
  - o The diversity of families, and the culturally diverse solutions to family issues, should be recognized and validated in all programs and initiatives to strengthen families and prevent abuse.

- o The design of prevention programs should place particular emphasis on positive approaches which address the needs of entire communities, and which recognize and enhance the resources within communities for meeting families' needs.
  - o The design and language of all human services should be sensitive to how communities define their own needs. Planning and development of programs should emphasize collaboration between state-wide and community-based entities. Funding of programs should provide maximum flexibility for initiatives which address common needs within communities, and support indigenous community leaders, helpers and organizing efforts.
2. Expand the Role of Schools as the Focal Point for Community Education and Support Services for Children and Families
- o Massachusetts schools should adopt and promote an expanded role in addressing the social, health and mental health needs of children, and in responding to the changing needs of parents for support and assistance.
  - o School-based social, health, and mental health services for children should be expanded through increased resources and coordination of services. They should include, for example, an increased number and availability of school counselors, psychologists and school nurses for preventive services; coordination of school services with community-based programs; outposting of social and mental health workers at schools; and greater on-site delivery of social, health and mental health services.
  - o Schools should play a more active role in providing support and education services for parents. They should include, for example, information and referral to community resources for families; opportunities for parent education and involvement; expansion of school-based early education, child care and before-school/after-school programs.

3. Promote Public and Private Personnel Policies Which Provide Flexible, Family-Oriented Workplace Practices and Benefits for Parents in the Workforce

- Public policies and workplace practices should reflect and reinforce a fundamental recognition and respect for the needs of parents and children, and the demands that the combination of parenting and employment place upon family life.
- All public and private sector workplaces should have policies addressing child care benefits for employees. Parents working outside the home should have access to and choices about high quality affordable child care arrangements.
- Employed parents should be provided options for flexible management of their working hours through expanded use of flex-time, permanent part-time and job-sharing arrangements, and options for adequate time off for family responsibilities through flexible management of personal and sick leave.
- A full range of family-oriented benefits, such as dependent family care and health insurance, should be available for all employees, with prorated benefits for part-time workers. Employees should be permitted maximum flexibility in designing benefit packages which are responsive to changing family needs over time.
- Employees should have access to adequate parental leave which provides maternity and paternity allowances and job guarantees at the time of childbirth, adoption, or serious family illness.
- Employee Assistance and Family Life Education programs should be available to workers, either through on-site programs at work or through workplace support for and linkage with community-based programs.

4. Promote Judicial Reforms Which are Sensitive and Responsive to the Needs of Children and Families

- The Judiciary should exercise its leadership in promoting cooperation among the systems involved in a child and family's life, promoting improvement in court case management procedures and the range and quality of services available to a child and family.
- The Judiciary should exercise its authority to enforce the delivery of services and treatment which are in the best interests of the child and which aim to strengthen a family's potential for healthy functioning.

- The Judiciary should assist in increasing public awareness about the complexities of child maltreatment and participate in court-initiated training and forums which promote the prevention of child maltreatment and the strengthening of family life.
- Court procedures and processes which are insensitive to children or families should be reformed. Every effort should be made to avoid further harm to the victim. The judicial system should address the critical areas of:
  - specialized training of court personnel;
  - required training of all lawyers and judges undertaking child related cases;
  - evidentiary and procedural reforms that allow for special arrangements for children and greater sensitivity to children as witnesses or parties to a case;
  - scheduling and coordination measures that assure prompt, definite and consolidated proceedings to the fullest possible extent; and,
  - prioritization of child maltreatment cases so that processes reflect greater attention to the needs of children and to the impact of prolonged stress and uncertainty on family life.
- The Judiciary should emphasize, assure and monitor the human services and educational system's provision of adequate services to all children-at-risk, including those with severe and chronic needs. Prevention and early intervention services should receive high priority. The prevention of future problems for the child and future threats to other children should be a concern in the review and monitoring of all court cases.

#### IV. SUPPORTING PARENTS IN THEIR CARETAKING ROLES

The social, emotional and intellectual development of children lies, first and foremost, in the hands of their parents. Parents are the primary and most important teachers of children. It is in the home, in the context of family life, that children develop lifetime perceptions of the world and of themselves. The job of parenting, including teaching, protecting and nurturing children, is one of the most important responsibilities adults can assume.

Parenting is also a difficult and demanding job. Parents turn to many resources to help them prepare for and cope with the demands and challenges of family life. If these systems are inadequate, if parents lack sufficient preparation for their role, or if personal and family characteristics cause a parent to be particularly vulnerable to stress, a family's coping resources may be overwhelmed. Abuse and neglect can result.

All parents need support and nurturance, both as individuals and as parents, at some points in their lives. Family factors which increase the risk for child abuse such as low parental self-esteem, inadequate parenting or social skills become even more important when parents are isolated from resources to support them in their parenting roles. An important aspect of strengthening families and preventing child maltreatment is the creation of a continuum of easily accessible, positive support services for parents.

The time surrounding the birth of a new baby is a particularly sensitive period for families. It is a time of heightened stress for parents and extreme vulnerability for children. It is also a time when parents may be most receptive to support, education and assistance in their new role. Despite the sensitivity of this period, there are few routine support and education services for families. One of the most important and promising abuse prevention strategies is the provision of home-based services for families following childbirth or adoption.

The skills needed to nurture, protect and educate children do not necessarily come naturally to new parents. Parenthood may be the most important job in society, yet there are few formal resources to help educate or prepare adults for their caretaking role. For all parents, parent education and information can be a valuable and validating experience. For parents at particular risk for family or parenting problems, it can play a key role in preventing problems from ever developing.

Some families are particularly vulnerable to abuse and neglect. Parents who have a history of maltreatment in their own childhoods or contend with problems of self-esteem and poor interpersonal coping skills may be particularly vulnerable to developing negative patterns of parenting. Adolescent parents are often unprepared emotionally or financially for the responsibilities of parenthood. They are at great risk for many social, emotional and economic problems which can increase the chances that children will be neglected or maltreated. Parents with drug and/or alcohol problems or serious mental illness may have great difficulty protecting and nurturing their children.

For these families, early and appropriate interventions can play a key preventive role. A number of effective models have been developed which provide intensive health, social and other services to strengthen families and prevent problems from developing.

Effective family support and education programs already exist in many Massachusetts communities, in school, hospital, community and social service settings. Program development, however, has been fragmented and incomplete. Building on the resources which already exist, communities must move from a fragmented system of services to a comprehensive network of resources available to every Massachusetts family in every Massachusetts community.

**GOAL FOUR: TO PROVIDE A CONTINUUM OF FAMILY EDUCATION AND SUPPORT SERVICES WHICH PREPARE AND ASSIST PARENTS IN THEIR CARETAKING ROLES**

1. Develop a Network of Community Resources for Family Life Information and Parent Education
  - o Information on easily accessible and culturally relevant parenting, child development and family support resources should be provided to the parents of every child born in Massachusetts.
  - o Parent education should be provided through a variety of institutions which match the particular issues and needs of parents during different phases of family life. These should include: prenatal and postnatal parenting groups and classes at hospitals and health centers, family life education programs in schools, balancing work/family life seminars at workplaces, and parenting education classes and programs in other community settings.

- o The focus of parent education should include child development, predictable developmental crises, parents' emotional needs and self-esteem, non-violent conflict resolution and discipline alternatives. Activities should integrate the consistent messages that it is normal for parents to need support, it is acceptable to reach out for help, and that help is available.

2. Develop a Continuum of Community-Based Family Support Programs Which Provide Easily Accessible Resources for Families

- o Neighborhood family life centers and programs which reach out to parents should be available and easily accessible in all communities. Centers/programs should offer free or low-cost parent education and support activities, parent-child activities, opportunities for parents to socialize and build informal supportive networks, and information about other community resources for families.
- o Self-help, mutual aid and support groups such as Parents Anonymous, abuse survivor groups, support groups for parents with special concerns about their children's health, behavior and/or learning should be organized and actively promoted for parents with special family concerns.
- o Crisis and respite services should be readily available in all communities. Resources should include crisis or warm lines to provide telephone reassurance and information and referral for parents in times of stress; crisis nurseries to provide respite for parents and a safe place for children at time of family crisis; and crisis caretaker services to provide emergency in-home care for children when parents are unable to provide adequate supervision.

3. Develop a Comprehensive System for In-Home Health and Support Services for All Massachusetts Parents of Newborns

- o Trained professional or lay home health visitors should provide in-home services for new parents on a universal and routine basis, beginning with the perinatal period and extending through at least the first year following birth.

- Home health visitors should provide health screening for children; information, education and supportive assistance for parents; and information and referral for families in need of additional services.
  - Home health visitor services should be affordable for families, and funded through a combination of insurance reimbursements, public support and/or parent fees.
4. Expand Preventive Health, Education and Social Services Based in Community, Clinic, Hospital, Workplace and School Settings to Reach All Families in Need
- Public and private worksites should expand employee assistance programs. Programs should be available which provide preventive services and education such as stress management, parenting and health promotion education; workplace support groups for employees sharing similar work/family issues, and counseling programs to address individual/family issues such as alcoholism and drug abuse, divorce, death of a loved one. Public and private employers should assist with the provision of employee assistance programs through either direct provision of workplace programs or support for the development of community-based resources.
  - Specialized prenatal and perinatal health care programs provided in community, school and hospital settings should be expanded to serve all parents who are at particular risk for receiving inadequate preventive care and medical treatment.
  - Programs to provide support, education and daily living skills to pregnant and parenting adolescents should be widely available, and developed through community collaborations to provide a full range of needed services such as appropriate health care, education, training and employment assistance, child care, parent education, supportive home services, and recreational opportunities.
  - Parent Aide programs should be augmented to increase their capacity to provide preventive in-home support for parents before either abuse or neglect occurs. Existing programs should be expanded to meet identified needs for services, and new programs should be established in unserved areas of the state.

V. TEACHING AND SUPPORTING CHILDREN

At the heart of efforts to strengthen families and prevent child abuse is the commitment to provide children with every opportunity for healthy physical, social, emotional and intellectual development. The experiences of childhood are the foundation for the future. Promoting optimal development during childhood is the best investment which Massachusetts can make in the collective future of the Commonwealth.

Massachusetts children are confronting an increasingly complex world. More children are spending greater portions of their days in out-of-home care or by themselves. They are confronted with difficult choices about sexuality and alcohol/drugs at increasingly young ages. In addition, violence in the family, school and community is a fact of life for too many.

In order to help children successfully meet the many challenges of childhood and adolescence, they need the skills and knowledge to make healthy life choices and to protect themselves from violence and exploitation. It is important that the burden of preventing child abuse not fall on the shoulders of children. However, children can and should be provided with skills and knowledge which can serve to protect them from potentially abusive situations.

Schools are the one universal point of contact with children, and the logical setting for programs to help children master personal development and self-protection skills. School-based education for children in health, human development and prevention must be a key component of child abuse prevention efforts. As new programs are developed and implemented, a key priority must be the integration of various topics into a comprehensive K-12 program which provides age-appropriate and culturally sensitive training for children.

Community, church and neighborhood-based programs for children are important community resources for families. Programs which provide social and recreational opportunities, special activities and education can enhance important social skills, self-esteem and confidence in children. Increasingly, these programs are also serving as vehicles for special training on such topics as abuse prevention and self-care skills. Support for the development of community-based programs and linkage with other educational and social services are integral parts of creating communities which are safe and nurturing for children.

Early intervention programs for children with special developmental needs have demonstrated tremendous success in helping children realize their fullest potential. Regular screening, identification and treatment for health and developmental problems during early childhood are critical. Early education programs which combine developmentally appropriate activities for children with support and education for their parents, can enhance the development of children and strengthen families.

A number of efforts are already underway in Massachusetts to provide school and community-based prevention and human development programs for children. Significant efforts are still needed, however, to create comprehensive and coordinated programs which are available to all Massachusetts children.

**GOAL FIVE: TO PROVIDE EDUCATION, SKILL-BUILDING AND SUPPORTIVE PROGRAMS FOR CHILDREN WHICH ENHANCE HEALTHY DEVELOPMENT AND HELP CHILDREN PROTECT THEMSELVES FROM ABUSE**

1. Assure That All Children Receive Comprehensive Health Education and Human Services from Kindergarten Through the 12th Grade
  - o An integrated K-12 school curriculum should address both interpersonal skills such as conflict resolution, communication and assertiveness skills and knowledge such as drug, alcohol and abuse prevention information. The goals of the curriculum should be to help children manage their interpersonal and family relationships, protect themselves from abuse, make healthy life-style choices, and prepare themselves for their future parenting roles.
  - o Components of the program should be sequenced, age-appropriate, culturally relevant and integrated into other school routines. Particular attention should be devoted to the concerns and learning needs of special education students.
  - o School-based programs should be sensitive to community values and diversity, coordinated with community-based prevention resources, and should involve parents as partners in children's education. The planning, development and delivery of programs should be sensitive to educators' needs for training and technical assistance.

2. Expand Community-Based Social and Recreational Programs for Children, and Create Better Linkages with Other School and Social Service Programs

- o Neighborhood and community programs providing social and recreational activities for children and their families such as Boys Clubs and Girls Clubs, YMCA, YWCA programs, etc. should be promoted.
- o Program activities should be coordinated with school-based educational and social service programs addressing family life and prevention topics.
- o Better linkages should be developed to connect "high risk" children and families with community-based social and recreational programs such as Big Brothers and Big Sisters.

3. Expand the Availability of Early Intervention Programs for Children from Birth to 5 Years

- o Comprehensive early childhood education programs should be expanded to reach more Massachusetts children. Programs should be developed in coordination with existing early childhood programs in the community, and should use existing models such as Head Start which provides coordinated health, mental health, education, parent involvement and social services.
- o All Massachusetts children should receive periodic and routine screening, assessment and intervention for early childhood health and developmental concerns. Early intervention services should be available for all families who have children from birth to school age with identified health, developmental and other special needs. Services for children should be closely linked with specialized supports and education for parents.



## **SECTION THREE**

### **RECOMMENDATIONS**



The previous section outlined comprehensive long range goals to prevent child abuse and strengthen families in Massachusetts. The successful achievement of the goals will require a multi-year commitment of the public and private sectors.

In this section recommendations for immediate and future action are presented. The first three General Recommendations are the basic vehicles through which the goals of the Blueprint will be achieved. The remaining Sector Recommendations address the specific issues articulated at the six sector retreats.

The recommendations are divided into two parts: first steps to be accomplished within the first 18 months and future actions to be accomplished at a later date. First steps assign specific tasks and leadership responsibility and are intended to assist planners in the implementation phase. The recommendations for future actions, although of equal importance, are listed in less detail, and will require a longer time-frame for implementation.

These recommendations must be read as a whole. Although, in some cases, parts of larger initiatives are assigned to specific sectors, achieving the goals of the Blueprint will require the cooperation and coordination of all the sectors.



## GENERAL RECOMMENDATIONS

### Statewide Prevention Board

It is clear in reviewing the diversity and complexity of the prevention recommendations, that a statewide board should be created to provide the leadership and coordination that will be required to achieve Massachusetts prevention goals. It is recommended that:

By July 1, 1988, the Governor and the Legislature should establish a statewide Prevention Board with sufficient authority, resources and legislative sanction to oversee the implementation of the recommendations of this Blueprint.

The Board should:

- Be comprised of representatives of the Community, Education, Health Care, Legal, Social Services and Workplace sectors and the executive branch of government. They should represent the geographic areas of Massachusetts;
- Be comprised of individuals from a diverse range of ethnic, cultural and linguistic backgrounds who are sensitive to the unique strengths and needs of minority families;
- Revise and implement the prevention plan through annual workplans;
- Receive funding through state appropriations, private donations, investments and federal matching funds;
- Promote and oversee the development, funding, contracting and monitoring of statewide and community-based prevention programs;
- Stimulate academic research on the efficacy and cost effectiveness of child abuse prevention and family strengthening programs; and
- Issue an annual report as per statutory mandate, which shall include: a description the of Board's activities, a description of contracted programs and an outline of their respective activities, a financial statement, and goals for the following year.

## Children's Trust Fund

A permanent Children's Trust Fund should be established to promote programs and initiatives at both the community and statewide levels to strengthen families and prevent child abuse. These funds should be managed by the Prevention Board, pursuant to law.

The purpose of the Trust Fund should be to promote the implementation of initiatives, policies, programs, resources and legislation contained in this Blueprint, as well as future Prevention Board workplans. The Fund should consist of resources received from: (1) state appropriations; (2) gifts, grants, donations from public or private sources; (3) interest earned from the Children's Trust Fund reserve account; (4) federal reimbursements, grants-in-aid, or other receipts on account of prevention activities; and (5) any other monies credited or transferred to the Children's Trust Fund from any other fund or source pursuant to law.

A portion of the funds should be used to initiate, expand and promote community-based support programs which enhance family strengths, are culturally relevant, easily accessible, and are offered at low-or no-cost. These programs should include but not be limited to: home health visitors for new parents, family life education programs, family/parent drop-in centers, self-help groups, parent aides, paraprofessional and in-home support services, self-care and after-school programs for children.

Priority should be given to programs which employ the skills of indigenous community helpers and leaders; demonstrate collaboration between existing community groups and organizations such as churches, social clubs, block organizations; and deliver services at the community level closest to families.

Matching funds or in-kind donations from local programs should be sought with the goal of promoting substantial community ownership of projects over a period of 1-3 years.

## Public Awareness Campaign

The Prevention Board should coordinate a multi-media public awareness campaign which recognizes children as valued and vulnerable citizens; recognizes parenting as a difficult job which requires support; and emphasizes alternatives to interpersonal violence. The campaign should aim to raise the visibility and status of children and family concerns in Massachusetts.

The public awareness campaign should be professionally designed and reflect the strategies of other successful campaigns, such as drunk driving and anti-smoking. It should include public service announcements for television, radio and the print media which will be distributed at the statewide and community levels. The campaign should reflect the ethnic, cultural and linguistic diversity of Massachusetts families.



## SECTOR RECOMMENDATIONS

### THE COMMUNITY SECTOR

#### First Steps:

##### **1. Training and Technical Assistance to Communities**

The Prevention Board should promote training and technical assistance to inform:

- parents about community-based formal and informal support resources, such as self-help groups, educational and recreational programs for children, family support and education programs and prevention programs offered by community-based groups;
- professionals such as social workers, pediatricians, child and family mental health workers, legal and judicial professionals in the courts of the availability and the role of community support resources in helping troubled or at-risk families;
- community-based groups such as scouting troops, local schools, churches, and temples about family support and prevention activities which they can initiate for all families- and for those at special risk for abuse;
- statewide associations such as religious, charitable and service organizations about prevention programs and policies which they can initiate and/or fund at the state level and through local affiliates;
- providers of services to children and families about prevention programs and to encourage and aid such providers in applying for Children's Trust Fund Grants.

##### **2. State and Private Funding for Family Support Activities**

Public agencies and private foundations should fund family support activities in a manner which enhances family strengths, promotes community initiated activities, and allows flexible responses to community-identified needs.

#### State Funding:

The Executive Office of Human Services and its agencies should examine their guidelines for vendor contracts with private health/human services agencies to identify specific ways in which contracts for family support programs can

define a broader range of activities as billable services. Availability of these services should not be limited to protective service cases. Billable activities which should be expanded to include:

- preventive services such as home visitors, parent aides, parent education and transportation;
- collaboration with local organizations and EOHS vendors to coordinate services and encourage creative use and sharing of existing staff, space, dollars, etc.;
- community organizing activities to develop multidisciplinary supports for families which are not premised on family dysfunction or tied to diagnostic categories; and,
- program evaluation and research on new program models.

Private Funding:

The United Ways of Massachusetts should work with the Prevention Board to encourage funding priorities which give preference to family strengthening/abuse prevention programs which:

- increase the capacity of local communities to help families;
- utilize community helpers and organizers; and,
- develop and deliver services at the level closest to families.

United Way grants should allow funding for member agencies to collaborate with local organizations and public vendors to coordinate services and encourage creative use and sharing of staff, space, dollars, etc. Program evaluation and research on new program models should also be allowable costs.

Other private funding entities, such as private charitable organizations, foundations, and corporate grant programs should work with the Prevention Board to coordinate similar funding goals and priorities.

Future Actions:

1. Helping Families Meet Their Basic Needs

Initiatives to prevent abuse and strengthen families should address the challenge of helping families meet their basic needs for food, shelter, child care, adequate income and employment. State and local level activities of the Children's Trust Fund should be closely coordinated with the efforts of coalitions addressing issues such as welfare reform, assistance to homeless families, and creation of adequate housing.

2. Family Support Services

Children's Trust Fund dollars should be used to pilot projects to support family support services, including child care and parent education. These services must be promoted as a fundamental right of all families. Leadership from the executive branch of government including the Governor, the legislature, and private sector organizations should make a commitment to developing the necessary public/private partnerships to assure adequate resources. Local governments, municipal organizations and community groups should work together to assess the availability of these services in their own communities and address service gaps.

Children's Trust Fund dollars should be used to support and promote grassroots development of neighborhood and community-based family support programs. Priority should be given to projects which work at the community level to identify gaps in resources for families, and to develop low/no-cost, easily accessible programs for families. A variety of funding strategies should be employed to encourage the development and replication of effective programs, including: grants for demonstration and pilot projects; challenge grants to local communities; awards for model programs such as those modeled after the Ford Foundation "Innovations" programs; process and outcome evaluations of program strategies; and dissemination of program models and policy recommendations.

3. Insuring Responsive Funding Priorities, Policies and Guidelines

The Prevention Board should monitor and encourage an ongoing dialogue between community-based service providers and state-level funding entities, including the Executive Office of Human Services, United Ways and private foundations, to identify specific ways in which funding priorities, policies, and contracting guidelines can be made more responsive to community needs.



## THE EDUCATION SECTOR

### First Steps:

#### 1. Comprehensive Health Education and Human Services

The Department of Education should set long-range goals and implementation steps for the establishment of comprehensive health education and human services programs in all school districts.

School districts should strive to establish Comprehensive Health Education and Human Services programs. The existing membership of related community advisory councils should be expanded to advise on the development of these programs. Comprehensive Health and Human Services programs in grades K-12 should include but not be limited to the following components:

- comprehensive health education curricula in grades K-12 which teach students about the prevention of child abuse/neglect, family and interpersonal violence, substance abuse, teen pregnancy, AIDS, adolescent depression and suicide, etc;
- sexual abuse prevention programs which teach self-protection skills to enhance self-protection information;
- programs to promote pre-parenting and parenting skills for adolescents, coursework on child care and child development and opportunities for child care practices in local day care centers and in-school child care programs;
- school health services;
- school counseling and psychological services;
- individual educational and psychological screening and assessment;
- direct counseling services to students, staff, and parents;
- peer education and support programs;
- in-service education and support programs;
- extracurricular programs, such as health-related forums, fairs, health promotion activities, parent seminars, theater and art/health presentations;

- school-based policies and procedures to identify and follow up students, including preschool children, at risk of suffering from health-related problems. Student assistance teams should be established in each school to coordinate the process of implementing these procedures;
- coordination of programs and services within the school; and,
- coordination of school-based services with community agencies.

2. **Policy on Education's Role in the Emotional Development of Children**

By July, 1988, the State Board of Education should receive from the Department of Education a recommendation regarding a policy on education's role in the emotional development of children. This policy, once approved by the Board, should be distributed to all school districts in the Commonwealth by the end of 1988. The policy should delineate:

- the Board's recognition that the development of positive self-esteem for all students is one of the most important goals of the educational process;
- the ways in which early childhood education can enhance the development of positive self-esteem by intervening with students as soon as possible in the educational process as well as educating their parents and family life skills;
- ways education and human service agencies can coordinate their efforts to enable schools to function as focal points for strengthening families; and
- what current departmental resources exist which school districts may utilize in maximizing their role as leaders in community-wide efforts to support families. Such resources may include:
  - Early Childhood Education Discretionary Grants
  - Comprehensive Health Education and Human Services Discretionary Grants
  - Dropout Prevention Discretionary Grants
  - Remedial Skills Discretionary Grants
  - Commonwealth In-Service Institute
  - Commonwealth Leadership Academy

### **3. Early Childhood Education**

Through the implementation of the State Board of Education's policy on early childhood education and the draft Chapter 188 early childhood program standards, the Department should assist school districts in establishing high quality early childhood programs. These programs should assist each child to develop the fundamental social, emotional, physical, and cognitive skills which form the essential foundation for lifelong learning. These programs should provide for family involvement and parent education to insure that children receive necessary supports at home.

### **4. Coordination of Resources for Comprehensive Health Education and Human Services**

By July, 1989, the Department of Education should gather at each regional center a resource library of:

- existing health education curricula;
- policies and procedures for identifying and intervening in various student health crises, such as child abuse and neglect, suicide and drug abuse;
- audio visual materials;
- existing parent education curricula;
- listings of consultants and organizations which can provide technical assistance or in-service training in the school districts; and,
- listings of available state and community services for children and their families.

### **5. In-Service Training**

The Department of Education should provide the mechanisms for in-service teacher training, as well as technical assistance to schools as they begin to implement a Comprehensive Health Education and Human Services curriculum or an Early Childhood Education program. This opportunity for in-service training should be made available to all school systems and should include but not be limited to:

- creating an atmosphere for learning that remains sensitive to the emotional and family needs of students;

- designing approaches to student discipline that lead to an increased growth of students' sense of responsibility and self-esteem;
- integrating non-violent conflict resolution skills into teaching strategies and curricula; and,
- working with the Department of Social Services to develop a plan to implement Chapter 439 in order to train school staff about the child abuse reporting law.

## 6. Roles of School Counselors and School Psychologists

The roles of the school counselor and school psychologist should be redefined and expanded so that they function as resource persons to educate both families and other school staff about the child's normal developmental stages, as well as to assist these adults in helping the children deal with the problems that may affect their growth.

A more realistic ratio of counselor and psychologist to students (1:250) should be established in each school (K-12). The location of the school and the special needs of populations must also be factored into the ratio. Maintaining this adequate ratio will encourage and make possible the establishment of closer, more trusting and personal relationships between students, families, and counselor/psychologists.

### Future Actions:

#### 1. Legal Issues Regarding Discipline and Appropriate Physical Contact with Students

The Department of Education with the advice of professional education associations, should develop and disseminate an advisory to all school districts which defines the legal parameters involved in the interaction of school staff with children in regard to discipline and appropriate physical contact.

#### 2. Certification

The Department of Education should require through the Teacher Certification and Placement Bureau that all teacher/staff preparation programs have a course which deals with the dynamics of child abuse, child abuse prevention, suicide, teen pregnancy and drug and alcohol use, as well as the role of teachers in addressing the emotional needs of students.

### **3. Reports**

The Commissioner of Education should be a member of the Prevention Board and should provide the Board with annual reports in the areas mentioned above.

### **4. Local School Superintendents - Liaisons with Community/Social Service Agencies**

Each school superintendent should appoint a liaison, specifically the Pupil Personnel Director where that position exists, to help the district collaborate with all community social service agencies, using the Office for Children's local Councils for Children as the vehicle for communication.

### **5. Early Childhood Education/Child Care**

Local school committees and community agencies should work together to assess the early childhood education/child care needs of the community, as well as the before-school and after-school needs of all children in the community. This effort should be coordinated with the local Child Care Resource and Referral Agency (CCR&R) funded by the Office for Children.



## THE HEALTH CARE SECTOR

### First Steps:

#### 1. Home Health Visitor Programs to Parents of Newborns

Health care facilities including hospitals and health maintenance organizations should, in conjunction with human service agencies, establish home health visitor programs which should provide support services to parents of newborns. These services should be universally available and provide for a number of routine home visits. The Massachusetts Hospital Association, the Massachusetts Medical Society, the Massachusetts Chapter of the American Academy of Pediatrics and the New England Council of Child Psychiatry should take the leadership in coordinating efforts to actualize these services. In the first year, these services should be established in several targeted communities.

#### 2. Universal Health Care Coverage

A universal health care bill should be passed which includes public and private support for the uninsured. Such coverage should assure access to prenatal, perinatal, and well-child health care to all children.

### Future Actions:

#### 1. Expanded Health Insurance Coverage

The Prevention Board should establish a group of experts who shall include, but not be limited to, representatives of the Public Health Council, the Office of Consumer Affairs, health maintenance organizations, and insurance and business leaders who will be responsible for developing a plan to:

- Identify child abuse prevention/family strengthening programs which can be reimbursable under public and private health insurance plans;
- Increase the maximum coverage of mental health benefits in health insurance policies from the current maximum of \$500 for an individual to at least \$1000.

## **2. Child-At-Risk Protection Teams in All Health Care Facilities**

The Joint Commission on Hospital Accreditation should establish guidelines for accreditation which require that all hospitals and health care facilities serving children staff and maintain child-at-risk protection teams. Teams should be composed of one or more representatives from pediatrics, child psychiatry, emergency nursing, social services, legal services, and hospital administration. Through these teams the hospitals must establish policies and protocols regarding the management of high risk families. In addition, teams must be available to develop and coordinate treatment plans for the at-risk families. Hospitals are further encouraged to assume a leadership role in promoting community-based prevention programs which will strengthen families and reduce child abuse.

## **3. Training Requirements**

Boards of Accreditation for physicians, nurses, emergency medical technicians, and other medical professionals should require colleges, universities and other professional schools to include courses about child abuse and its prevention in their curricula as a requirement for accreditation.

All health care related employers should require that any professional working with children and families be educated in child abuse and its prevention.

## THE LEGAL SECTOR

### First Steps:

#### 1. Chief Justices of Trial Court

The Chief Justices of the Trial Court in the Commonwealth should address the following matters to assure that children and families involved in the judicial system are not adversely affected by systemic problems and that an approach of strengthening families and preventing child maltreatment is integral to court operations.

The Chief Justices should:

- issue a training plan to insure that all court personnel, including probation staff are trained in the special needs of child witnesses; child development and family life issues; child abuse/neglect, domestic violence and their prevention;
- assure that a curriculum is developed and required of all judges undertaking abuse cases. It should include training about the dynamics of child sexual abuse and child abuse/neglect, specific legal skills, relevant statutes, court rules, interviewing skills and the special needs of victimized or exploited children;
- work closely with the Flaschner Judicial Training Institute to promote continuing education opportunities on child sexual, physical, and emotional abuse and neglect;
- ensure that all judicial training efforts are required, of high quality, multidisciplinary and on-going;
- take leadership in promoting greater sensitivity to the needs of children in the judicial system and seek to prioritize child related cases through the administrative and docketing process. Scheduling of child cases should be as rapid as is consistent with responsible decision-making and the child's therapeutic and developmental issues at stake;
- emphasize, assure and monitor the human services system and educational system's provision of adequate services to all children-at-risk, including those with severe and chronic needs. Prevention and early intervention services must also receive a high priority;

- establish a means to coordinate all civil proceedings and establish a centralized location for information regarding pending cases within the Massachusetts Trial Courts. Proceedings on care and protection petitions, adoption, CHINS petitions, domestic violence, guardianship, divorce/custody and child support should be consolidated and coordinated as much as possible when the same child or the same family is involved in multiple proceedings;
- issue a standard definition and protocol which addresses the role of guardian-ad-litem and court appointed counsel and establishes consistency across the trial court system;
- create uniform standards and rules of management for family-related cases on a topical basis, such as care and protection motions, to assure consistency among the courts;
- develop and issue a questionnaire to all judges that addresses their concerns about the judicial and human services delivery systems and gathers data about where there are gaps in knowledge of the service delivery system;
- assure that children who are involved in court cases and their siblings be evaluated to determine if they require referral to an appropriate agency to address their academic and emotional needs; and,
- research the feasibility of non-rotating juvenile court judges on the bench.

Future Actions:

1. **The Legislature**

The Massachusetts Legislature should:

- establish a statutory vehicle which authorizes judges to appoint legal counsel to children in divorce proceedings when deemed necessary; and,
- establish a commission to determine the feasibility of implementing a statewide juvenile court system or a comprehensive family court system in order to improve access and coordination of the legal system on behalf of children and families.

## **2. Child Visitation Assistance**

A coordinated effort to develop visitation supervision services for parents and children restricted to court-ordered supervised visits should take place. Options such as visitation centers, use of graduate student volunteers, and contracts with private agencies should be explored.



## THE SOCIAL SERVICES SECTOR

### First Steps:

#### 1. Family Life Education Programs and Family Support Programs

The effectiveness of family life education and support programs in assisting adults in their parenting roles has been successfully demonstrated. However, these programs are not universally available to all parents who want them. Therefore, it is recommended that family life education/support programs be available in every geographic area of the state.

The Social Services Sector, both public and private, should be responsible for the development and promotion of family life education/support programs. On the local level social services should work in conjunction with other sectors such as Health Care, Workplace, Education and the Community to insure delivery of the services in the most appropriate setting. The following first steps should be accomplished:

- family life education information materials should be available to all parents of newborns and should be made widely available in all languages spoken in the Commonwealth;
- at least one family life education course for parents should be available in every community;
- current pregnant and parenting programs for adolescents should be continued and expanded until they are available in every school district; and,
- the Social Services Sector should join with the Education Sector in the development of family life education regional resource libraries.

#### 2. Child Care

Child care should be available as a resource for families experiencing stress. In the short term, until the provision of affordable quality child care for all families is a reality the state should increase its commitment to child care as a family support resource by:

- increasing the number of supportive day care slots;
- increasing the supportive services day care rate in order to enhance the family supports that day care providers need. These family supports should include but not be limited to transportation, social services, parent education, and home visitors.

### **3. Family Support Programs**

A comprehensive continuum of community-based family support programs should be developed in several targeted communities. All programs should be accessible to ethnic and linguistic minority families. These programs should include, in addition to family life education, a continuum of services which should include, but not be limited to:

- Self Help Groups
- Parent Aide Programs
- Emergency and/or Supportive Child Care
- Respite Services
- Parent Information and Referral
- Helplines
- Emergency and/or Non-Emergency Homemakers
- Drop-in Centers
- Comprehensive Emergency Services

#### **Future Actions:**

##### **1. Counseling and Support Services**

All families under stress should have access to a range of counseling and family support programs twenty-four hours a day such as child care, respite care, in-home family support and comprehensive emergency services programs. These services should not be limited to protective cases alone and should be available at sliding fee scale rates.

##### **2. Long Term Support Services**

The highest priority should be given to the provision of appropriate and adequate treatment to all victims of severe physical or emotional abuse, child sexual abuse and child neglect in order to prevent their further victimization and to reduce the chances that they may in turn become victimizers. In addition to ongoing protective services, long term support services which would include support groups and counseling, should be provided to all victims for as long as needed. Also, specialized treatment for juvenile sex offenders should be available, affordable and well coordinated across public and private agencies.

### **3. Training and Licensing Requirements**

The Boards of Accreditation for schools of social work and other social service and human service professions should require colleges and universities to include courses on child abuse prevention in their curricula as a requirement for accreditation standards.

Public and private child welfare agencies should require that any professional working directly with children and families be educated in child abuse and its prevention.

### **4. Information and Referral Services**

The Office for Children's capacity to provide comprehensive Information and Referral in child and family services should be computerized. This Information and Referral service should be widely publicized and easily accessible to all families.



## THE WORKPLACE SECTOR

### First Steps:

#### **1. Addressing the Critical Need in the Availability of Affordable Child Care**

The availability of affordable quality child care is a critical support to working parents. Presently, there are several governmental subdivisions addressing the complex aspects of this question.

The Prevention Board should work in cooperation with the EOHS Day Care Policy Unit in order to develop and coordinate a comprehensive state plan to provide universally available day care throughout Massachusetts.

In the fiscal year 1989 budget, the Administration and the Legislature should expand the state's commitment to the provision of quality, affordable child care for working parents by:

- increasing the number of Basic Day Care slots;
- increasing the Basic Contracted Rate to provide for operational upgrades;
- increasing voucher day care slots commensurate with the increase in participation in the Employment and Training Program;
- increasing the state allocation for the Day Care Affordability Project; and,
- increasing the state allocation for staffing of existing Child Care Resource and Referral Agencies.

The continuation of a public/private Day Care Partnership is critical to the expansion of the supply of quality affordable child care. The Executive Office of Human Services and the Office for Children in conjunction with the Executive Office of Economic Affairs, the Executive Office of Communities and Development, the Department of Education and the Executive Office of Administration and Finance should continue to work with both labor and management in order to encourage and stimulate the provision of child care as a workplace benefit.

The Prevention Board should join with other state and national efforts to effect passage of federal legislation entitled, "An Act for Better Child Care Services".

## 2. Flexible Employee Benefits Packages

Regional conferences for workplace executives coordinated by Child Care Resource and Referral Agencies (CCR&R) and local United Ways should be held in every region. These conferences aimed at workplace executives should include but not be limited to, discussions of the following types of employee benefits:

- options for employer supported child care through:
  - on-site centers
  - vouchers
  - dependent Care Assistance Plans
  - day Care resource development strategies
  - charitable contributions
  - creative mechanisms for small business participation
- employer support for non-market child care provided by parents through:
  - maternity/paternity leave for birth/adoption
  - sick child care leave
  - flexible use of work/leave time
- the advantages of cafeteria benefits packages;
- options for Employee Assistance Program/Family Life Education programs, including:
  - direct provision of on-site workplace programs
  - resource development and referral services to community programs.

State contracted Child Care Resource and Referral Agencies should provide consultation and technical assistance to at least one hundred new employers, in order to develop workplace child care options. Ten employer supported child care programs should be developed.

### **3. Parental Leave**

The Prevention Board should support the efforts of the Legislative Commission on Parental Leave. The Prevention Board should invite the Chair of the Commission to discuss mutual strategies to support the passage of a parental leave bill in Massachusetts.

In order to be responsive to the concerns of multi-state corporations, the Commission on Parental Leave and the Prevention Board should hold at least one meeting with the Massachusetts Congressional delegation and network with other states in order to effect passage of parental leave federal legislation.

The Prevention Board should publicize and disseminate studies of the employer cost benefit of child care/family oriented benefits provision. The board should also address means to formally and publicly recognize public and private employers for outstanding family support policies.

#### **Future Actions:**

##### **1. Suggestions for the Department of Personnel Administration**

The Department of Personnel Administration should produce and disseminate a report to business executives throughout the state on the outcomes of its "State As Model Employer" initiatives. The report should detail the advantages of family oriented practices and benefits to both the employer and the employee.

##### **2. Training Requirements**

The state board of accreditation should require business management schools to offer a minimum of one course on humanizing the work environment and balancing work/family issues in their course offerings.

State-level public agencies, such as the Office of Economic Affairs and private groups, such as the High Tech Council, should continue to educate employers about balancing work/family issues, using both traditional and non-traditional channels. For example:

- articles in business publications;
- letters to the editor in local/regional publications;
- outreach to business groups and organizations; and
- classes in graduate and continuing education programs.



## CONCLUSION

The development of a comprehensive multi-year plan for the prevention of physical, sexual and emotional child maltreatment has required the participation and commitment of a wide range of people and institutions. This Blueprint emanated from the contributions of over 300 people who were convened at six individually designed day-long retreats. Each retreat represented a different sector of society, (Community, Education, Health Care, Legal, Social Services, Workplace).

Given the complex nature of the stresses in society and on families that can result in child maltreatment, no single approach to prevention is adequate. Success at preventing harm to our children and at strengthening family life can be achieved. The determined commitment and coordination across all sectors of society is required.

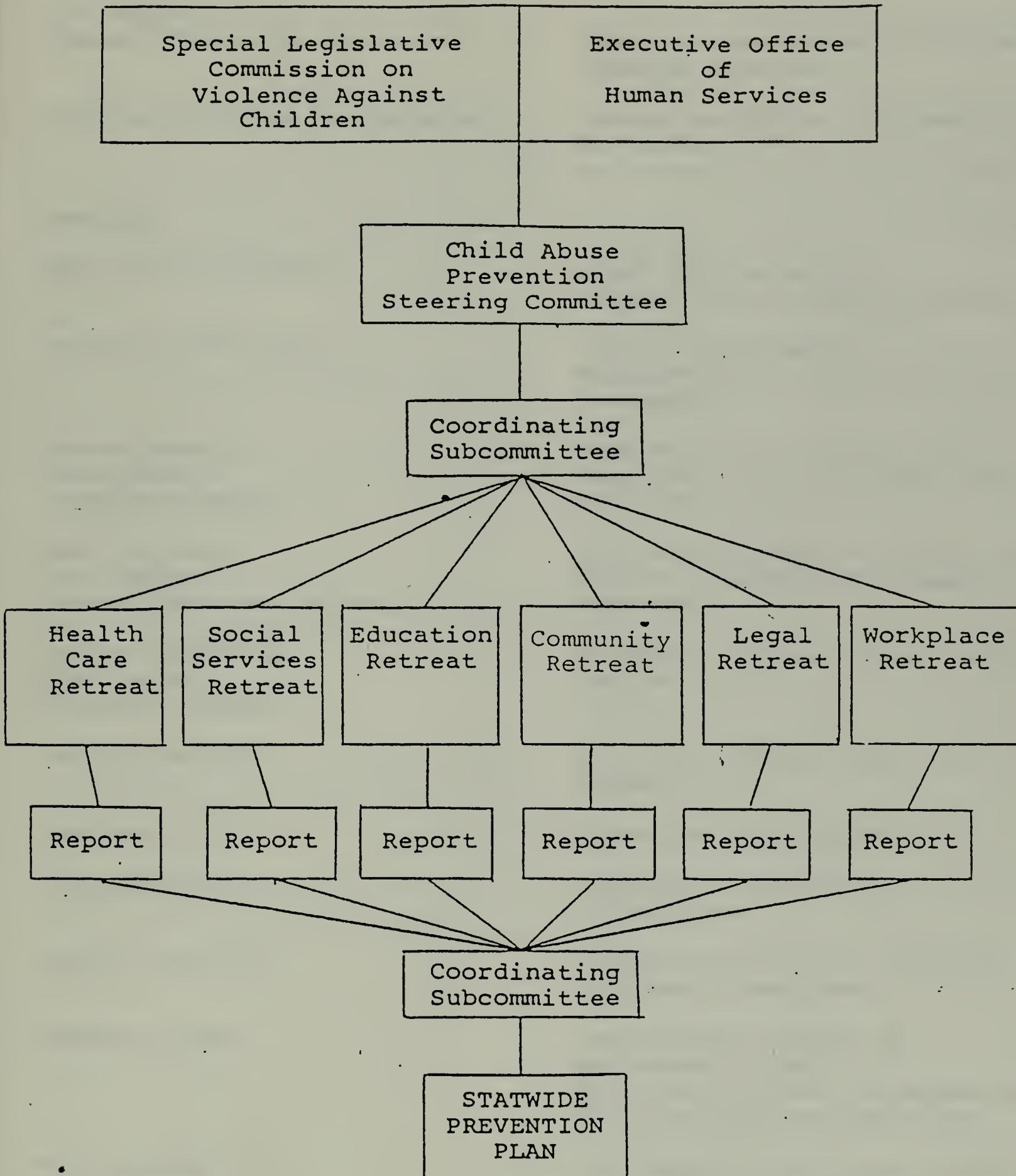
This Blueprint provides a realistic, comprehensive framework for action. Implementation is the critical next step.



## **APPENDIX**



## ORGANIZATIONAL STRUCTURE





CHILD ABUSE PREVENTION STEERING COMMITTEE

NAME

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Special Commission on Violence  
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## FOOTNOTES

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## THE COVER ARTWORK

*Special Thanks to:*

Principal Archie J. Walsh  
William E. Russell School  
Dorchester, MA

*and the following artists:*

Vinh Truong	Age 6
Curley Champion	Age 7
Lavern Bridges	Age 8
Latoya Green	Age 8







The Commonwealth of Massachusetts  
Special Legislative Commission On Violence Against Children  
and  
The Executive Office of Human Services

The Boston Globe,  
Shawmut Corporation,  
Raytheon Company, and  
United Way of Massachusetts Bay  
have assisted in underwriting the printing of this booklet.

